

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	10/070289
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2		1					52	
3							53	
4		1					54	
5							55	
6		1					56	
7	1						57	
8		1					58	
9							59	
10		1					60	
11							61	
12		1					62	
13		1					63	
14		1					64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
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25							75	
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28							78	
29							79	
30							80	
31							81	
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35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2						TOTAL IND.	
TOTAL DEP.		1					TOTAL DEP.	
TOTAL CLAIMS	2	1					TOTAL CLAIMS	